

PASSPORT

*to Your
Extreme
Makeover*



Voluntary Protection Program
Occupational Medicine Program
Health Promotion

This passport belongs to:

Name _____

Employee S Number _____

VPP Unit _____

Work Org. _____

Mail Stop _____

Phone _____



Voluntary Protection Program Occupational Medicine Program Health Promotion

Program Purpose

This Passport to Your Extreme Makeover is an opportunity for you to:

- Practice VPP principles
- Learn human performance techniques
- Regularly exercise — 10,000 steps
- Regularly stretch
- Achieve a healthy weight
- Quit smoking, if you smoke.

Your participation in the program, with a focus on taking at least 10,000 steps portion, could significantly reduce your potential of experiencing a sprain or strain. Inactivity is a major contributor to slips, trips, and falls. Let's face it, we are all getting older and an assessment of risk indicates an increased likelihood for accidents with getting older. Actively involving yourself in the prevention of illness and injury is an opportunity to demonstrate your commitment to achieving the INEEL's zero-accident goal.

General Instructions

What is the time period for this Passport?

March 1st through August 31st.

Who is eligible to participate in the program?

All BBWI employees

Who administers the program?

The VPP Program Office (6-0388) and
OMP Health Promotion (6-1200)

What does it mean when I send in a “Commitment to Participate?”

This means that with the concurrence of your manager or supervisor, you commit to participate in and complete the:

- VPP section
- Human Performance section
- 10,000 Steps section.

As an incentive to begin actively caring for your health and safety, you will receive a pedometer so that you can track and log your steps. There are also conversion charts to convert other exercise activities to contribute toward the 10,000 steps.

If you complete the stretching and healthy-weight sections of the program, you will receive another recognition item.

For those of you who smoke and successfully quit, you are eligible to receive this recognition item.

Does my supervisor sign off on my completion of the passport?

Yes.

Where do I send my commitment to participate?

Remove the commitment page and submit it to the VPP Program Office at MS-3428.

Where do I submit a completed passport?

Mail your passport to the VPP Program Office at MS-3428.

To begin your “Extreme Makeover,” the following commitment to participate must be completed and returned to the VPP Program Office at MS-3428 by March 12, 2004.

PASSPORT



Commitment to Participate

I commit to complete the VPP, Human Performance, and 10,000 Steps sections of this *Passport*.

I agree to attend a brief kick-off meeting presented by OMP Health Promotion.

Name _____

Signature _____

Supervisor's Signature _____

S# _____ Date _____

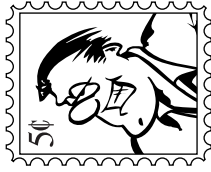
Organization _____

VPP Unit (circle one):

TRA RWMC CFA INTEC Construction
TAN SMC EROB WCB TSA/TSB/ISC
IRC/ROB

I intend to complete the bonus sections of the passport.

Yes ☐ No ☐



Extreme Makeover
VPP Program Office
MS-3428

Section 1

VPP

Employee Participation

Identify and post in your work area the hazards that you are potentially exposed to and how they are being mitigated.

All employees must be aware of the hazards in their workplace and how they are controlled. Review your facility hazard list or interface with your safety and health professional in developing this list.

Employee Signature _____ Date _____

Read your VPP unit Employee Safety Team charter and the meeting minutes on a monthly basis.

Charters and minutes for all ESTs are located on the VPP home page.

Employee Signature _____ Date _____

Participate in a DO IT, complete an inspection, read your VPP unit's 2004 safety goals and objectives, review your own 2004 Safety and Health Action Plan, read the Employee's Role in VPP (through the VPP Roles and Responsibilities link), and review the company Safety Policy and VPP Bill of Rights. You can locate much of this information on the VPP home page.

Participate in a DO IT Date _____

Read your VPP unit safety goals Date _____

Review your S&H action plan Date _____

Read Employee Role in VPP Date _____

Review the VPP Safety Policy Date _____
and Bill of Rights

Complete an inspection Date _____
(at work or home)

Employee Signature _____ Date _____

Supervisors and Above, also complete the following

Complete the Voluntary Protection Program
Check-up Booklet.

The VPP Check-up Booklet is located on the VPP
home page.

Employee Signature _____ Date _____

List at least 4 ways that you personally have
recognized employees directly reporting to you
during 2003-2004 for their significant
contribution to the safety program.

1. _____
2. _____
3. _____
4. _____

Supervisor and Above Signature

Date

Section 2

Human Performance

Employee Participation

Select a specific work task and identify any error-likely situations and how you are mitigating them.

Error-likely situations _____

Mitigating actions _____

Employee Signature _____ Date _____

To optimize individual performance and reduce vulnerability to error, individuals throughout an organization should engage in what four specific behaviors

1. _____
2. _____
3. _____
4. _____

The above information is discussed in the Excellence in Human Performance booklet (p. 7) located on the VPP home page.

Employee Signature _____ Date _____

Excellence in human performance is encouraged by promoting four organizational processes and values.

1. _____

2. _____

3. _____

4. _____

The above information is discussed in the Excellence in Human Performance booklet (pg. 20) located on the VPP home page.

Employee Signature _____ Date _____

Present or communicate to your work group in some other creative means a safety share related to human performance techniques or principles.

Employee Signature _____ Date _____

Foremen and Above

List the six ways that leaders promote team work to eliminate error-likely situations and strengthen defenses.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

and

List three ways that leaders search for and eliminate organizational weaknesses that create conditions for error.

1. _____
2. _____
3. _____

This information is located in the Excellence in Human Performance booklet (p. 13) on the VPP home page.

Supervisor and Above Signature

Date

Demonstrate to your immediate manager where you personally have used human performance techniques and principles in correcting an undesirable situation (e.g., incident critique, injury investigation, and pre-job briefing)

Summary of the circumstance _____

Employee Signature _____ Date _____

Immediate Manager's Signature _____

Date _____

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Section 3



Program Overview and Directions

The latest research from the American College of Sports Medicine and the Center for Disease Control and Prevention recommends that you take 10,000 steps a day to improve cardiorespiratory fitness, blood pressure, and cholesterol. Experts recommend 12,000 to 15,000 steps a day to achieve substantial weight loss. On the average, most people take somewhere between 3,000 to 5,000 steps a day (25,000/week). This program is designed to help you achieve the goal of 10,000 steps a day.

If you are over 35 or have a serious medical condition, you should talk to your physician and get medical clearance before becoming more physically active.

Record your daily progress on the record sheet provided. Wearing a pedometer* is the easiest way to track your steps; however, a step equivalent chart is also provided.

**A pedometer, attached to your waist, simply counts your steps using a magnetic pendulum that swings past a magnetic field with each step taken*

during the day. The simplest pedometers count your steps and display steps and distance traveled. This type of pedometer is all you need to use for reporting purposes in this program.

Some of the benefits you can expect to see from actively participating in the 10,000 Steps program include:

- Improved lower extremity strength
- Improved coordination
- Improved balance
- Decreased resting heart rate
- Decreased blood pressure
- Improved glucose tolerance
- Reduction in body fat
- Improved joint mobility
- Stress relief.

To characterize your own level of physical activity, rate yourself for five days.

Steps:	Status:
<hr/>	
< = 10,000	Sedentary
10,001 to 35,000	Moderately active
35,001 to 49,999	Active
> = 50,000	Very active
<hr/>	

Stretch before beginning your 10,000 steps each day.



Use this record sheet to track your improvement.

Goal: 10,000 steps per day for at least five days.

Week Number	Five-Day Weekly Average* _____ at start		Total Steps for the Week
	If the weekly average was:	Your goal should be:	
1	< 50,000 steps > 50,000 steps	Add at least 3,000 steps Continue at 50,000 steps	
2	< 50,000 steps > 50,000 steps	Add at least 3,000 steps Continue at 50,000 steps	
3	< 50,000 steps > 50,000 steps	Add at least 3,000 steps Continue at 50,000 steps	
4	< 50,000 steps > 50,000 steps	Add at least 3,000 steps Continue at 50,000 steps	
5	< 50,000 steps > 50,000 steps	Add at least 3,000 steps Continue at 50,000 steps	
6	< 50,000 steps > 50,000 steps	Add at least 3,000 steps Continue at 50,000 steps	
7	< 50,000 steps > 50,000 steps	Add at least 3,000 steps Continue at 50,000 steps	
8	< 50,000 steps > 50,000 steps	Add at least 3,000 steps Continue at 50,000 steps	
9	< 50,000 steps > 50,000 steps	Add at least 3,000 steps Continue at 50,000 steps	
10	< 50,000 steps > 50,000 steps	Add at least 3,000 steps Continue at 50,000 steps	
11	< 50,000 steps > 50,000 steps	Add at least 3,000 steps Continue at 50,000 steps	
12	< 50,000 steps > 50,000 steps	Add at least 3,000 steps Continue at 50,000 steps	

Continued next page

Step Conversion Chart:

Type of Activity	Equivalent Steps
Aerobics (cardio portion)	75 steps/minute
Cross Country Skiing	1,500 steps/mile
Cycling: > = 20 MPH < 20 MPH	300 steps/mile 250 steps/mile
Downhill Skiing: • Grand Targhee – 2,400 VF • Kelly Canyon – 1,000 VF • Pebble Creek – 2,400 VF	1 Step/10 VF VF = vertical feet
Jogging	2,500 steps/mile
Rollerblading	500 steps/mile
Swimming	100 steps/25 yards
Walking	2,000 steps/mile
Weight Lifting	10 steps/rep.
9 holes of golf (no cart)	4,000 steps
90-minute soccer game	6,000 steps
Two laps inside the Grand Teton Mall	2,000 steps

If you do not have a pedometer, use the following chart to help estimate your steps during your walk.

Step Length in Inches	Steps/Mile
20 _____	_____ 3,168
22 _____	_____ 2,880
24 _____	_____ 2,640
26 _____	_____ 2,437
28 _____	_____ 2,263
30 _____	_____ 2,112
32 _____	_____ 1,980
34 _____	_____ 1,864
36 _____	_____ 1,760

Completion

Completion of the basic passport:

Name _____ S# _____

I completed the following sections:

- 1 VPP section
- 2 Human Performance section
- 3 10,000 Steps section.

Signature _____

Mgr/Supervisor Signature _____

Date _____

To achieve the additional incentive, complete the following bonus sections.

Bonus Section 1

Daily Stretching

Task is to stretch 5 days a week

Log your stretching—weekly

Something to consider: stretch before you begin the 10,000 steps activity each day.

Week	Date	Week	Date
1		13	
2		14	
3		15	
4		16	
5		17	
6		18	
7		19	
8		20	
9		21	
10		22	
11		23	
12		24	

Completed ☐

Employee Signature _____

Date _____

Verification Signature _____

Date _____

Bonus Section 2

Working Toward a Healthier Weight

Current body weight _____

“Strategic” body measurements

Waist _____ (keep tape level and measure across the belly button)

Hips _____ (keep tape level and measure across the largest part of your hips—if you don’t know ask your neighbor)

Date _____

Verified by _____

What weight do you want to achieve? _____

Measurements: Waist _____ Hips _____

Date _____

Battle of the bulge buddy (optional)

Name _____

Weight Log

Month	Weight	Date
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

OMP Health Promotion's Nutritional Guidelines

Whether you are concerned about your weight, heart disease, or just maximizing your health, this guide will help you eat more nutritiously.

Follow the guide for each week. Once you have participated in the 12 weeks, simply start all over again. Use the check-off boxes to track your progress.

Week 1 – Eat less margarine, butter, and shortening! 1 13
☐ ☐

Use only olive oil, canola oil, or low-fat cooking spray for eating and cooking five days this week.

Week 2 – Toss the yolks 2 14
☐ ☐

Use only the egg whites or substitute in cooking and in eating for five days this week.

Week 3 – Dairy: go nonfat 3 15
☐ ☐

Use only 1% or skim milk dairy products (e.g., reduced-fat cheese, yogurt, and ice cream) for five days this week.

Week 4 – Whole-grain goodness 4 16
☐ ☐

Eat only whole grain breads, cereals, pasta, tortillas, and brown rice for five days this week.

Week 5 – Eat less meat and poultry 5 17
☐ ☐

Don't eat any meat or poultry for three days this week.

Week 6 – Fill up on vegetables 6 18
☐ ☐

Try two new vegetables this week.

Week 7 – Cut the sodium 7 19
☐ ☐

Eliminate all added salt this week.

Week 8 – Fruit's the snack 8 20
☐ ☐

Try two new fruits this week.

Week 9 – Sugar: wasted calories 9 21
☐ ☐

Eliminate all simple sugars and substitutes for this week, (e.g., soda, candy, and artificial sweeteners).

Week 10 – Hydrate with water 10 22
☐ ☐

Drink at least 5 eight-oz. glasses of water five days this week.

Week 11 – Become a health nut 11 23
☐ ☐

Eat three good-sized handfuls of nuts this week.

Week 12 – Avoid fast foods 12 24
☐ ☐

Sit down to a home-cooked meal a minimum of three times this week.

Final Body Weight and Measurements

When you have completed this section, fill in the information below.

Final body weight achieved _____

Waist measurement _____

Hip measurement _____

Date _____

Employee Signature _____

Date _____

Verified by Battle of the Bulge buddy (optional)

Bonus Section 3

Smoker's Pledge

I _____ pledge to quit smoking on the _____ day of _____, 2004. I have informed coworkers, friends, and family members of my decision and have asked _____ to verify my progress.

I have agreed to three checkpoints (i.e., the ending of each four-week period) as to which I must remain smoke-free. I understand that quitting smoking often requires numerous attempts and that I can stop and restart the program as many times as necessary to remain smoke-free for a continuous twelve-week period.

4th Week, Date _____

Verified by _____

8th Week, Date _____

Verified by _____

12th Week, Date _____

Verified by _____

Completion Date _____

Signature _____

Notes

[illegible]

